

### TAX COLLECTION AND LICENSING DIVISION THE CITY OF EAST ORANGE, NEW JERSEY

44 CITY HALL PLAZA EAST ORANGE, NEW JERSEY 07019

### LESTER E. TAYLOR, III MAYOR

Annmarie Corbitt

Tax Collector

### APPLICATION FOR LIMO VEHICLE LICENSE

Telephone: (973) 266-5159 Fax: (973) 675-3489

DATE			_			
NAME			N.			
	First	Mie	ddle Initial		Last	
Home Address						
	Number	Street	City	State	Zip	
Home Phone #						
	Area Code Num	ber	В	eeper/Pager/Ce	ll Phone Number	
	Trade Name of Business			Also Known As		
Address						
	Number	Street	City	State	Zip	
BUSIN	ESS PHONE NUME	BER	N.J. DRIVERS LICENSE NUMBER			
VEHICL	E INFORMATION	•••••••••••••••••••••••••••••••••••••••	•••••	•••••••		
Year o	f Vehicle Make	e of Vehicle	Vin Nu	mber	Plate Number	
Digin	JOE D. I. St I			27		
INSURANCE: Policy Number			Co	mpany Nam <u>e</u>		
INSLIR AT	NCE AGENT N	ımher Stree	et City	State	. Zin	

# THE CITY OF EAST ORANGE LICENSING DIVISION

### PROMISE OF EMPLOYMENT

I intend to employ	as a
owner operator in my company provided this per	
meets the requirements set by the License Division	on of
the City of East Orange.	
Upon the termination of employment of above national person for any reason whatsoever, the employee was be notified that he/she shall not use the same vehicle or vehicle license if employed by another compart the City of East Orange. He/she will be informed that it will be necessary to submit another applicate to the License Division giving the name and address of his/her new employer.	will cle by in tion
Signature of Employer or Authorized Agent	
Name of Company	
Date	

## POWER OF ATTORNEY

COUNTY OF					
STATE OF NEW JERSEY		,			
Know all man by these presents, that:					
(Address)	of(City)	, New Jersey,			
do hereby make, constitute and appoint the Li	censing Division at 44	City			
Hall Plaza, East Orange, New Jersey, 07019, a	as true and lawful attorn	ney for the			
purpose of acknowledging service of any proc	ess, out of court of con	npetent			
jurisdiction, to be served against me by virtue	of the indemnity grante	ed me			
under any insurance policy or bond filed by m	ne with the Licensing D	ivision			
and I do agree that service of any such process	s against me shall be of	the same			
force and effect as if served upon me personal	ly.				
AFFIDA	AVIT				
On ,20 ,					
(Date) (Year) appeared before me in person. I am satisfied to of attorney.	(Name of Individual that this is the person w	lual) ho signed this power			
NOTARY PUBLIC	APPLICANT	'S SIGNATURE			